

FILED

JAN 29 2008

RICHARD W. WIERING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

MAHMOUD MOHAMED,

Plaintiff,

vs.

JOHN POTTER, as Postmaster General of the  
United States,,

Defendant

) Case No.: C 07-03306 CRB

) Request for Dismissal Pursuant to Fed. R. 41  
(a)(1)

) Hon. Charles R. Breyer

1 Plaintiff respectfully requests dismissal without prejudice of the above-captioned matter  
2 pursuant to Fed.R.Civ. Proc. 41(a)(1). I am the plaintiff pro se in the above-captioned matter and  
3 I have been experiencing health problems and will not be able to meet any of the deadlines in the  
4 initial case management scheduling order dated January 3, 2008.

5 1. Attachment 1 is a statement from my physician stating that I will not be able to meet  
6 deadlines in this case at present. There is a recommendation for a period of rest. I am currently  
7 scheduled for cardiac surgery on February 1, 2008.


8 2. Attachment 2 is a statement from my cardiologist stating that I suffer from a serious  
9 form of angina, and will not be able to meet deadlines at present.

10 3. To date, I have not served the case management order dated January 3, 2008, on  
11 defendant because I have been ill. See Attachment 3, the letters to Judges White and Breyer  
12 which I lodged with the court on January 4, 2008, requesting that all dates in the case be  
13 postponed for at least 90 days.

14 4. Defendant has not yet answered in this case.

15 I request that the case be dismissed without prejudice.

16  
17 Dated: 1/29, 2008

18   
19 \_\_\_\_\_  
20 Mahmoud Mohamed  
21 Plaintiff  
22  
23  
24  
25  
26  
27  
28

CERTIFICATE OF SERVICE

The undersigned hereby certifies that I reside at 1620 Stuart Street Berkeley, CA 94703-2010, am a person of such age and discretion to be competent to serve papers. The undersigned further certifies that on \_\_\_\_\_, 2008, I caused a copy of the Request for Dismissal Pursuant to Fed. R. 41 (a)(1) by U.S. Mail on:

Scott N. Schools  
United States Attorney  
Joann M. Swanson  
Chief, Civil Division  
Jonathan U. Lee  
Assistant United States Attorney  
450 Golden Gate Avenue, 10th Floor  
San Francisco, CA 94102  
Telephone: (415) 436-6909  
Facsimile: (415) 436-6748

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Dated: 1/24/08, 2008

  
\_\_\_\_\_  
Mahmoud Mohamed

**Robert Cooper, M.D.**  
Internal Medicine

**THE PERMANENTE MEDICAL GROUP, INC.**  
280 WEST MacARTHUR BLVD. - 3801 HOWE STREET, OAKLAND, CA 94611 • (510) 752-6537

NAME <i>Re Mahmoud Mohamed</i>	M.R.#	AGE	Initial as Applicable
ADDRESS <i>06 294294</i>	PHONE # (H or W) ( )	SEX	Workers' 11159.2 Comp Exempt

Initial here \_\_\_\_\_ if  
No Known Allergies or list:

<input checked="" type="checkbox"/> Medication, strength (put integer left of decimal) and directions for use ("Sig")	<input type="checkbox"/> LABEL IN SPANISH	INITIAL QUANTITY	CIRCLE "NO REFILL" OR # AMT QTY
1 <i>This pt has severe angina and may not be able to meet certain deadlines through 2-25-08</i>		4 oz. 8 oz. 10 20 30 # _____	50 100 Qty _____ # _____ No Refill
2 <i>to meet certain deadlines through 2-25-08</i>		4 oz. 8 oz. 10 20 30 # _____	50 100 Qty _____ # _____ No Refill
3 _____		4 oz. 8 oz. 10 20 30 # _____	50 100 Qty _____ # _____ No Refill

Unless respective space is initialed, a Pharmacist may adjust "Sig" prn and dispense TPMG Pharmacy & Therapeutic Committee approved alternate, i.e.,  
Generic, Pkg. Size, Dosage Form/Strength or Therapeutic Equivalent for Rx No. NO. OF ITEMS PRESCRIBED \_\_\_\_\_

*Cooper*, M.D. DATE: *1/25/08* KP Formulary Code \_\_\_\_\_ for  
Rx No. \_\_\_\_\_ or Initial here \_\_\_\_\_  
CAL. LIC # G45981 • DEA # AC1287855 • RESOURCE # 9687260 Initial here \_\_\_\_\_ if a covering MD. # no exception intended.

9687260-001 (9-01)

## THE PERMANENTE MEDICAL GROUP, INC.

PATIENT NAME <b>Mohamed Mahmoud</b>	MEDICAL RECORD NO. <b>06294794</b>
ADDRESS	

PHONE NUMBER ( )	AGE	GENDER	<b>QUANTITY</b> 4 oz. 8 oz. Initial Qty 10 20 30 # _____ Number of Refills _____ or circle "No Refills" Refill Qty 50 100 200 300 # _____
<b>R</b> 12/28/07 Note: above pt. has a serious form of angina and may not be able to meet certain deadlines			<b>INITIAL AS APPLICABLE</b> No Known Allergies _____ or list on back (optional) Workers' Comp _____ 11159.2 Exempt _____ Spanish Label _____

Unless respective space is initialed, a Pharmacist may adjust "Sig" prn and dispense TPGM Pharmacy & Therapeutic Committee approved alternate, i.e., \_\_\_\_\_ Generic, \_\_\_\_\_ Pkg. Size, \_\_\_\_\_ Dosage Form/Strength or \_\_\_\_\_ Therapeutic Equivalent.

<b>R. Oehm, M.D.</b> 280 W. MacArthur Blvd./3801 Howe St. Oakland, CA 94611-5693 (510) 752-1270	Initial here _____ if covering MD. X <b>K Oehm</b> Date: _____
CA LIC # G037561 DEA # AO8330970 RESOURCE # 6675230	KP Formulary Code _____ or initial _____ if NE intended.

6675230-000 (REV. 8-01)

1620 Stuart Street  
Berkeley, CA 94703-2010  
(510) 644-2159

January 4, 2008

**By Hand Delivery**

Honorable Judge Charles R. Breyer  
United States District Court  
Northern District of California  
450 Golden Gate Avenue  
San Francisco, CA 94102

**RECEIVED**

JAN - 4 2008

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Re: *Mohamed v. Potter*, Case No. C05-2194CRB

Dear Judge Breyer:

I am the plaintiff *pro se* in the above captioned case. With this letter I respectfully request that you grant a 90-day extension of the deadline for filing Plaintiff's Opposition to Defendant's Administrative Motion to Consider Whether Cases Should Be Related. I have been experiencing medical problems that will prevent me from meeting this deadline in the immediate future. I am attaching herewith correspondence from my doctor explaining that I will be unable to meet any due dates at present, that I will be undergoing certain medical tests and will most likely have surgery for a cardiac condition.

Another doctor is treating me for an orthopedic problem, and he has ordered that I refrain from all activity for the present. Please see attached additional doctor's statement.

Respectfully submitted,

Mahmoud Mohamed

cc: Scott Schools, Esq. (By U.S. Mail, w/o attachments)  
United States Attorney  
Joann M. Swanson, Esq.  
Chief, Civil Division  
Jonathan U. Lee, Esq.  
Assistant United States Attorney  
450 Golden Gate Avenue, 10th Floor  
San Francisco, CA 94102

**ORDER**

Plaintiff's request for a 90-day extension of the deadline for filing Plaintiff's Opposition to Defendant's Administrative Motion to Consider Whether Cases Should Be Related, is GRANTED, and hereby extended to April 7, 2008.

\_\_\_\_\_  
U.S. District Court Judge

Mahmoud Mohamed  
1620 Stuart Street  
Berkeley, CA 94703-2010  
(510) 644-2159

January 4, 2008

**By Hand Delivery**

Honorable Judge Charles R. Breyer  
United States District Court  
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Respectfully submitted,

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Assistant United States Attorney  
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**ORDER**

Plaintiff's request for a 90-day extension of the deadline for filing Plaintiff's Opposition to Defendant's Administrative Motion to Consider Whether Cases Should Be Related, is GRANTED, and hereby extended to April 7, 2008.

---

U.S. District Court Judge



KAISER  
PERMANENTE

## VISIT VERIFICATION/FAMILY LEAVE Health Care Provider Certification

(This section must be completed and determined by treating provider only)

## THE ABOVE NAMED PERSON:

☐ NO, does not have a "Serious Health Condition" (see reverse for further information) OR☐ YES, has a "Serious Health Condition", as defined below (check one):1. ☐ Hospital care 4. ☐ Chronic condition requiring treatment2. ☐ Absence plus treatment ☐ Is currently incapacitated3. ☐ Pregnancy ☐ Is not currently incapacitated5. ☐ Permanent/long-term condition requiring supervision 6. ☐ Multiple treatments (non-chronic condition)☐ Has a "Serious Health Condition" and requires a family member to take time off from work to provide basic medical, personal or safety needs, transportation, or psychological comfort. The probable frequency and duration of this need is \_\_\_\_\_☐ Estimated date of Surgery/Procedure/Delivery: \_\_\_\_\_☐ Diagnosis (Complete on patient request only): \_\_\_\_\_

## THE ABOVE NAMED PERSON:

☐ Was seen at this office on: 1/2/08 ☐ Has been given telephone advice on: \_\_\_\_\_☐ Has been ill and unable to attend work/school/physical education \_\_\_\_\_ through \_\_\_\_\_☐ States he/she has been ill and unable to attend work/school/physical education \_\_\_\_\_ through \_\_\_\_\_☐ Can return to full duties with NO RESTRICTIONS on \_\_\_\_\_☐ Can participate in a modified work program starting 1/2/08 and continuing to 2/2/08 OR

(Please note: If modified work is not available, this patient is then unable to work for this time period.)

☐ Restrictions: \_\_\_\_\_ hours per day \_\_\_\_\_ hours per week

## BASED ON AN 8-HOUR DAY EMPLOYEE CAN:

stand/walk \_\_\_\_\_ minutes per hour \_\_\_\_\_ total hours ☐ no restrictionssit \_\_\_\_\_ minutes per hour \_\_\_\_\_ total hours ☐ no restrictionsdrive \_\_\_\_\_ minutes per hour \_\_\_\_\_ total hours ☐ no restrictions

## LIFT/CARRY (Occasionally = up to 1/3 workday. Frequently = up to 2/3 workday):

0-10 lbs. ☐ not at all ☐ occasionally ☐ frequently ☐ no restrictions11-25 lbs. ☐ not at all ☐ occasionally ☐ frequently ☐ no restrictions26-40 lbs. ☐ not at all ☐ occasionally ☐ frequently ☐ no restrictions

Can lift/carry up to \_\_\_\_\_ lbs.

## EMPLOYEE IS ABLE TO:

bend ☒ not at all ☐ occasionally ☐ frequently ☐ no restrictionssquat ☒ not at all ☐ occasionally ☐ frequently ☐ no restrictionskneel ☒ not at all ☐ occasionally ☐ frequently ☐ no restrictionsclimb ☒ not at all ☐ occasionally ☐ frequently ☐ no restrictionsreach above shoulders ☐ not at all ☐ occasionally ☐ frequently ☐ no restrictionsperform repetitive hand motions ☐ not at all ☐ occasionally ☐ frequently ☐ no restrictions

ASSISTIVE DEVICES? (e.g., cast, brace, crutches) \_\_\_\_\_

RESTRICTIONS: \_\_\_\_\_

OTHER: \_\_\_\_\_

TREATMENT PLAN: \_\_\_\_\_

☐ Medication effects which could impair performance: \_\_\_\_\_☐ Physical therapy required. Frequency: \_\_\_\_\_

NOTE: If patient is Industrial, physician signature is REQUIRED.

Patient Name  
Identification

# 06294294

Mohamed, Mathina

IMPRINT AREA

OFA w/  
possible lateral  
w/

2/2/08